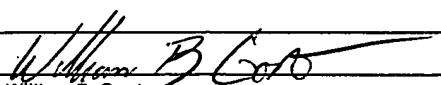
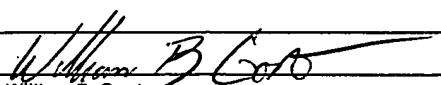
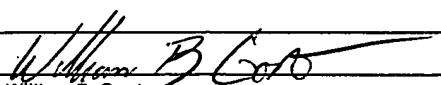
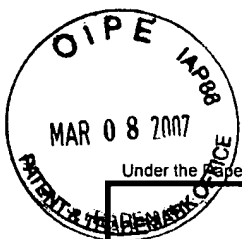


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<p>Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2006</h3> <p>MAR 08 2007</p>		<p>Complete if Known</p>																																																							
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/578,541																																																						
		Filing Date	November 8, 2004																																																						
		First Named Inventor	G. Michael Pope																																																						
		Examiner Name	Not Yet Assigned																																																						
		Art Unit	Not Yet Assigned																																																						
		Attorney Docket No.	15297US03																																																						
<p>TOTAL AMOUNT OF PAYMENT (\$)</p> <p>65.00</p>																																																									
<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ </p> <p> <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments </p> <p>under 37 CFR 1.16 and 1.17</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																																																									
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<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee(\$)</th> <th>Fee Paid(\$)</th> </tr> </thead> <tbody> <tr> <td>-100</td> <td>/50</td> <td>(round up to a whole number) x</td> <td>=</td> <td></td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)	-100	/50	(round up to a whole number) x	=																																													
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<p>SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Signature</td> <td></td> <td>Registration No.</td> <td>57,232</td> <td>Telephone</td> <td>(312)775-8000</td> </tr> <tr> <td>Name (print/type)</td> <td>William B. Gont</td> <td>(Attorney/Agent)</td> <td></td> <td>Date</td> <td>March 5, 2007</td> </tr> </table>				Signature		Registration No.	57,232	Telephone	(312)775-8000	Name (print/type)	William B. Gont	(Attorney/Agent)		Date	March 5, 2007																																										
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/578,541
		Filing Date	November 8, 2004
		First Named Inventor	G. Michael Pope
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	10	Attorney Docket Number	15297US03

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		Declaration For Utility Or Design Patent Application (37 CFR 1.63)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	
Printed Name	William B. Gont
Date	March 5, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 5, 2007.

Name (Print/type)	William B. Gont	Registration No. (Attorney/Agent)	57,232
Signature		Date	March 5, 2007